

## **Obstetrical Ultrasound Coverage Guidelines**

### **Description:**

Ultrasounds are a diagnostic radiology tool used to determine fetal wellbeing and allow for specialized procedures to be performed in utero.

### **Policy:**

Medicaid eligibles are allowed up to two obstetrical ultrasounds per calendar year without prior authorization. Eligibles participating in the Maternity Care program are allowed up to seven obstetrical ultrasounds before authorization must be obtained from the Agency. The first seven ultrasounds are the responsibility of the Primary Contractor.

In order for additional obstetrical ultrasounds to be billed, one of the following conditions/diagnosis must be present:

1. Gestational diabetes with complications (Type 1 diabetes, vascular disease, hypertension, elevated alphafetoprotein values, poor patient compliance);
2. Failure to gain weight, evaluation of fetal growth;
3. Pregnancy induced hypertension;
4. Vaginal bleeding of undetermined etiology;
5. Coexisting adnexal mass;
6. Abnormal amniotic fluid volume (polyhydramnios, oligohydramnios);
7. Pregnant trauma patients;
8. Congenital diaphragmatic hernia;
9. Monitoring for special tests such as fetoscopy, amniocentesis, or cervical circlage placement;
10. Assist in operations performed on the fetus in the uterus;
11. Detection of fetal abnormalities with other indicators, or risk factors (low human chorionic gonadotrophin (HCG) and high unconjugated oesteriol (uE3) are predictive of an increased risk of Trisomy 18. Echogenic bowel grades 2 and 4 are indicative of an increased risk of cystic fibrosis and Trisomy 21);
12. Determination of fetal presentation;
13. Suspected multiple gestation, serial evaluation of fetal growth in multiple gestation;
14. Suspected hydatidiform mole;
15. Suspected fetal death;
16. Suspected uterine abnormality;
17. Suspected abruption placenta;
18. Follow-up evaluation of placental location for identified placenta previa.